L110001266

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COVER LETTER

TO:	Registration Sect Division of Corp				
SUBJECT: MONOLITH 69 LLC					
50 D 0.		Name of Limit	ed Liability Company		-
The en	nclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
	ELENA SOSNOVSKAYA				
			Name of Person		
		ES ACC	OUNTING SERVICE	SINC	
			Firm/Company		
		2	200 NE 11 STREET		
Address					_
)9			
HALLANDALE, FL 33009 City/State and Zip Code					
		E-mail address: (to	OK69@HOTMAIL.CO be used for future annual rep	ort notification)	_
For fur	rther information cor	ncerning this matter, please ca	all:		
	ELENA S	OSNOVSKAYA	at (954)	699-5969	
	Name of I	Person		Daytime Telephone Num	ber
Enclos	sed is a check for the	following amount:			
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certif nclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations : 6327 see, FL 32314	Registratio Division of Clifton Bui	Corporations	:

2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M	ONOLITH 69 LLC		
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appea ida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabili Florida document numberL11000126664	· · · ·	11/07/2011	and assigned
This amendment is submitted to amend the following A. If amending name, enter the new name of the	-	re:	
A. It amending hame, enter the new hame of the	minted natinty company he	<u>ic</u> .	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "Ll	_C" or the abbreviation
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET AL	ODRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter th	e name of the new
Name of New Projection of Account		Š	
Name of New Registered Agent:			A PO TO
New Registered Office Address:	En	nter Florida street addi	M B W
	City	, Florida	Code
New Registered Agent's Signature, if changing Regist	tered Agent:		
I hereby accept the appointment as registered ago the provisions of all statutes relative to the prope accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	r and complete performance d agent as provided for in C tered office address, I hereb	of my duties, and I at hapter 608, F.S. Or, i	n familiar with and f this document is

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u> <u>Address</u> Type of Action **Name** MGR ELENA SOSNOVSKAYA 2200 NE 11 STREET HALLANDALE, FL 33009 √ Remove ☐ Add ☐ Remove ☐ Add Remove ∐Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 28. 2011 Signature of a member or authorized representative of a member ANTON PETUKHOV Typed or printed name of signee

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Filing Fee: \$25.00